

# When general practice thrives the NHS survives

## 10 Actions to implement the GP forward View locally

### The crisis in general practice

General practice is the cornerstone of the NHS. Around 90% of patient contact with the NHS is in primary care<sup>1</sup>. High-quality, well-led general practice leads to better and more cost-effective patient care across the NHS. General practice leadership is critical for the delivery of the Five Year Forward View and GPs all over the country are already leading the way in pioneering new models of care.

But general practice is in crisis. Recent research by the Kings Fund, highlighted the scale of the problems; between 2010/2011 and 2014/15 consultations grew by more than 15% while the GP workforce grew by 4.75% and the practice nurse workforce by 2.85%. In addition, the work is becoming more complex and more intense due to the ageing population, increasing numbers of people with complex conditions and initiatives to move care from hospitals into the community<sup>2</sup>. Our analysis found that investment in general practice has fallen as a proportion of the NHS England Budget from 10.95% in 2005/06 to 8.48% in 2014/15<sup>3</sup>.

The GP Forward View is NHS England's response to the crisis in general practice and its commitment to ensure that general practice is sustainable and has the capacity to play its role in delivering the Five Year Forward View. Simon Stevens, Chief Executive of NHS England, opens the GP Forward View by stating that "there is arguably no more important job in modern Britain than that of the family doctor."<sup>4</sup>

### Implementing the GP Forward View at a local level

The full benefits of the GP Forward View will not be realised, unless every level of the NHS in England commits to its objectives and puts general practice at the heart of their local health system. NHS England has said in its advice that Sustainability and Transformation Plans (STPs) should translate the aims and key elements of the GPFV into local plans<sup>5</sup> and that local areas must develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues<sup>6</sup>.

The process of preparing STPs is an opportunity for local areas to set out how they will deliver the overarching vision and specific initiatives in the GP Forward View. This may be

as part of the STP, via a 'Local GP Forward View' or through other plans but local areas must set out how they will implement the GP Forward View.

We want to start a conversation with local areas. The College is appointing 32 Clinical Ambassadors who will engage with STPs at the local level to support STPs and to make sure that a strong general practice voice is heard. Ambassadors will work hard to help STPs connect up the pieces to ensure a strategic approach to general practice and to promote awareness and buy-in from local GPs.

Nationally the College is engaging closely with NHS England on the STP process. The College has also asked NHS England to share STPs with us and will be pressing NHS England to reject STPs that do not include a plan to implement the GPFV locally. Maureen Baker, Chair of the College, has also written to STP leaders to stress the importance of focussing on general practice in the STP.

## Ten actions to implement the GP Forward View locally

### 1. RAMP UP INVESTMENT IN GENERAL PRACTICE

To address the crisis in general practice and achieve the aspirations of the GP Forward View and the Five Year Forward View, STPs must redirect investment from secondary care to primary care and general practice. STPs must increase investment in general practice quickly, to stop further practice closures and prevent the loss of more GPs and other practice staff to retirement or emigration.

The GP Forward View is leading the way by setting out a national programme to invest and additional £2.4 billion each year in general practice by 2020/21.

STPs have been asked to demonstrate how they will close the financial gap by 2020/21 and general practice investment should be a key part of the answer. Analysis by Deloitte on behalf of the College indicates that increasing investment in general practice will deliver significant savings elsewhere in the health system. By spending more on general practice, STPs can save overall.

The College believes that 11% of the NHS budget should be allocated to general practice (as compared to just 8.5% in 2014/15). The GP Forward View gets us most of the way with a commitment to increase national level investment in general practice to at least 10% of the budget by 2020/21. The GP Forward View also states that on top of this local spending should shift towards primary care. The College's own financial analysis shows that the 11% target can be reached if local spending shifts towards primary care<sup>7</sup>.

#### **STPs must plan to invest an increasing proportion of their budget in general practice over the next five years**

STPs should:

- Set out plans to increase investment in general practice in 2016/17, 2017/18, and beyond.
- Describe how CCGs will use their control over the wider NHS budget (co-commissioning powers) to enable a shift from acute to primary and community

services including general practice.

- Describe how STPs will pool budgets between CCGs and local authorities through the better care fund to shift investment into general practice by jointly commissioning expanded services.
- Set out how additional funding, provided through the GP Forward View for general practice, will be protected to ensure that it is spent in general practice.

## 2. BUILD PRACTICE RESILIENCE

In order to build capacity in general practice, it is critical to first ensure that struggling practices are appropriately supported to overcome their current challenges. Given the pressure that general practice is under practices can quickly find themselves in a spiral of rapid decline, threatening quality and safety for patients and ultimately practice viability. A survey by the BMA found that around 10% of practices believe they are financially “unsustainable”<sup>8</sup>.

Practices do not exist in isolation, where a practice is at risk of closing support may be needed across the local area to avoid a domino effect where other practices need to absorb more patients.

To address this challenge, as part of the GP Forward View, NHS England is rolling out a £40 million practice resilience programme. STPs have a critical role in supporting this programme to ensure that support is provided to practices quickly, is matched to local needs and is appropriately targeted. STPs could also play a vital role in providing additional top-up funding to ensure that the programme has the maximum impact on struggling practices in their area.

### **STPs must support the urgent roll out of the GP Forward View practice resilience programme in their local area**

STPs should:

- Identify and reach out to struggling practices in the local area.
- Target support to the needs of the practice and the local population.
- Consider providing additional top up funding to the practice resilience programme.

## 3. GROW THE GP WORKFORCE

In many parts of England there are not enough GPs. The average number of patients per GP has remained fairly stable over the past five years, rising from 1,567 in 2010 to 1,577 in 2014 but this hides significant variation across different parts of the country<sup>9</sup>. Practices are finding it increasingly difficult to recruit GPs which can impact on the overall viability of the practice. A recent Pulse survey found that around 12% of all GP posts in the UK are vacant, the highest proportion recorded<sup>10</sup>.

The GP Forward View sets a national commitment to grow the GP workforce by 5000 extra GPs by 2020/21. However, this target will not be achieved without a massive effort to recruit, retain and return GPs at every level. Local areas have a key role in making this happen.

In the short term a major focus must be on retaining existing GPs. Surveys by the BMA have found that 46% of practices report they have GPs who are planning to retire or leave the NHS<sup>11</sup> and 34% of GPs plan to retire in the next five years<sup>12</sup>. At the same time, STPs should be engaging with local GPs and Local Education and Training Boards (LETBs) to recruit and return GPs to the area and well as considering more broadly how they can make their local area attractive as a place to live and work.

**STPs must adopt a specific target for increasing the number of GPs in their area by 2020/21 and put in place a strategy to get there**

STPs should:

- Include an analysis of the local GP workforce including:
  - An estimate of the likely shortage of GPs under a 'do nothing' scenario; and
  - An analysis of workforce needs informed by consultation with local GPs.
- Identify GPs at risk of leaving the workforce and put in place measures to retain them.
- Set out a plan for returning and recruiting GPs to the local area. This should set out how the local area will utilise workforce initiatives in the GP Forward View and the 10 Point Plan. This may be linked to broader economic development/quality of life initiatives that increase the attractiveness of a local area for skilled workers.
- Establish a local workforce strategy group to develop and drive implementation of a GP workforce strategy.

**4. GROW THE WIDER PRACTICE WORKFORCE**

To achieve integrated, person-centred care and to free up GP time for complex patients local areas will need to utilise the skills of general practice nurses, practice-based clinical pharmacists, mental health therapists and other staff working in general practice. Other staff should not be seen as an alternative to a GP but as bringing important complementary skills.

The GP Forward View commits to a target of 5000 extra other staff working in general practice by 2020/21 and, as for GPs, achieving this will require a sustained effort at every level. STPs should be engaging with local GPs to understand their needs in terms of the wider practice team and to support the sharing of good practice.

**STPs must have a strategy to grow the wider general practice workforce**

STPs should:

- Include an analysis of the local wider general practice workforce including:
  - An analysis of the current role and skills mix; and
  - An analysis of workforce needs informed by consultation with local GPs.
- Set out local targets for different types of staff to be working in general practice by 2020/21.
- Include a plan for upskilling the wider general practice workforce.
- Set out a plan for recruiting and returning other staff to work in general practice. This should include how the STP will engage with initiatives in the GPFV and should consider expanding on the most successful programmes by providing additional support and funding.

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## 5. FREE UP GPs' TIME FOR PATIENT CARE

GPs have been overwhelmed with an ever-growing workload that compromises their time with patients, in particular patients with multiple conditions or otherwise complex needs. Recent research finds that GPs' overall workload increased by 16% between 2007 and 2014 as a result of a substantial increase in practice consultation rates and in average consultation duration<sup>13</sup>.

The GP Forward View includes a number of initiatives to reduce GPs' workloads including reducing the frequency of CQC inspections, reducing the administrative burden at the hospital/GP interface and more support for practices to work more efficiently and patients to self-care. STPs are an opportunity for local areas to set out their vision for how to free up GP time in the local area.

STPs will need to ensure the successful local roll-out of IT and other solutions that aim to reduce workload including the £30 million 'Releasing Time for Patients' development programme to help practices manage demand more effectively and the rapid testing programme for managing outpatient demand.

### **STPS must include initiatives to reduce GP workloads**

STPs should:

- Improve the hospital/GP interface by ensuring CCGs enforce the new legal requirements in the NHS standard contract for hospitals and continuing to drive action to improve the current interface between primary and secondary care.
- Support the delivery of the 'Releasing Time for Patients' development programme and the rapid testing programme at the local level.
- Consult local GPs to understand what can be done to reduce the burden of local bureaucracy.
- Commit to undertake analysis of the impact on GP workloads when proposing to shift more services and responsibilities onto general practice.

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## 6. BUILD THE GENERAL PRACTICE INFRASTRUCTURE OF THE FUTURE

There has been very little investment in general practice infrastructure in recent years. As a result many practices are providing care to patients in settings that are not fit for purpose. The general practice estate needs to be modernised in order for GPs to continue to deliver the best possible patient care and to deliver more care in the community and keep people out of hospital. Investment in new premises will play an important part in the development of new models of care in the community. Local areas should be ambitious and innovative in designing the primary care practices of the future.

The GP Forward View makes a number of commitments to ensuring that purchasing and upgrading practices is attractive to GPs including a public sector capital investment, estimated to reach over £900 million over the course of the next five years.

CCGs were invited to put forward recommendations for investment in primary care infrastructure in future years by the end of June 2016.

Investment in new technology will be critical for improving patient care, building productivity, reducing GP workloads and supporting the objectives of the Five Year Forward View. The GP Forward View includes a number of IT investment initiatives to support general practice. In particular, at the local level, the GP Forward View commits to an 18% increase in allocations to CCGs for provision of IT services and technology for general practice. Given the potential for IT to support general practice it is critical that this allocation is spent in general practice.

### **STPs must set out plans to support the development of general practice infrastructure**

STPs should:

- Include a primary care estates and infrastructure strategy. This should map existing infrastructure and identify gaps where poor quality infrastructure is constraining general practice.
- Include a comprehensive GP IT services plan. This should set out how the 18% funding increase for CCGs will be ring-fenced for general practice and will deliver IT investment which improves patient care, builds productivity and reduces GP workloads.
- Include initiatives to address local level planning barriers to general practice infrastructure development and set planning approval targets for general practice premises.
- Identify local infrastructure assets that could be used for general practice and wider primary care.

## **7. INCREASE CAPACITY WITHIN GENERAL PRACTICE TO MATCH LOCAL DEMAND**

Patient demand for GP appointments has risen rapidly and in many places, GPs are struggling to- keep up. GP Forward View initiatives to grow the GP and wider practice workforce and to reduce GP workload will help practices to offer more appointments. STPs should track progress to evaluate how effectively these initiatives lead to more appointments.

In addition to increasing capacity in-hours through increasing the GP and wider practice workforces and freeing up GPs' time for patient care, NHS England has also asked STPs to provide extended access and out of hours care. Guidance to STPs and the GP Forward View state that the balance of pre-bookable and same-day appointments, and the level of capacity required on different days of the week will be up to local areas to determine based on patient demand in their area and on ensuring value for money.

Understanding local demand is a critical for extended access and out of hours care to work. Some pilot areas which have run seven day access have found that the policy did not suit local demand and are now scaling back opening hours or even cancelling services altogether. The independent evaluation of the GP Challenge Fund (now GP Access Fund) described uptake of routine GP appointments on Sundays as "very low".

The GP Forward View commits to providing £500 million per year by 2020/21 for CCGs to increase capacity and provide extended access and out of hours care.

There are a number of different provider models available for extended access and out of hours care. The most appropriate model will depend on local settings. Primary Care Access Hubs can be an effective solution that delivers additional services at scale rather than within each individual practice. As stated in the GP Forward View, providing extended access and out of hours care is not about every GP or every practice nurse having to work seven days a week. Nor does it mean that every practice in the country needs to be open seven days a week.

**STPs must build capacity in-hours. Decisions about extended GP opening hours must be based on robust evidence regarding patient demand, and must have the support of local practices**

STPs should:

- Include quantified data about the local demand for extended access or other evidence of demand for extended access.
- Set out the proposed flexible approach to commissioning extended access and out of hours care based on local demand.
- Commit to not impose access standards on GPs – noting, as per the GP Forward View that extended access and out of hours care is not about every GP or every practice nurse working seven days a week or every practice in the country opening seven days a week.
- Commit to extensive consultation with local GPs in determining any solution to extended access and out of hours care.

## **8. SUPPORT GENERAL PRACTICE AT SCALE, INTEGRATED CARE AND NEW MODELS OF CARE**

Research by RCGP and the Nuffield Trust found that 73% of GP respondents report being part of a formal or an informal collaboration and the numbers are growing rapidly – 44% of respondents say that their collaborations formed in the last year. The research finds that CCG encouragement is the primary driver of at-scale working, alongside financial pressures faced within general practice and a desire to expand the range of services offered in primary care. The research finds that it's rare for GPs to work across multiple CCGs, and this is a barrier that STPs should play a role in breaking down.

Across the country, many traditional general practices are joining together to form larger organisations. Whether as networks, federations, super-partnerships or multi-site organisations working at scale can strengthen the capacity of practices to develop new services out of hospital, deliver efficiency savings/economies of scale, improve service integration, enable practices to access a broader skills mix and develop training and education capacity.

NHS England vanguard sites are a key solution in the Five Year Forward View and NHS England advises that STPs should set out how local areas expect to develop and spread new care models, making the greatest possible use of technology and a reshaped workforce. STPs have a key role in supporting general practices to consider and adopt new models of care and from next year national funding for vanguards will be allocated through the STP plan process.

While accelerating new models of care STPs should provide support to all general practices and should be careful to ensure that a two-tier system of general practice is not allowed to develop in the local area.

The GPFV commits NHS England to ask CCGs to invest £171 million in general practice transformational support in 2017/18 and 2018/19. This funding must be protected for general practice.

**STPs must support general practice to move towards new models of working at scale, recognising that practices are moving at difference speeds and there is no 'one size fits all' approach**

STPs should:

- Include a strategy to support at scale working. CCG support is a critical driver of at scale working by general practices and STPs should set out how this influence will be used.
- Commit to facilitating opportunities for local GPs to come together to explore what working together at scale might mean for them.
- Set out how the lessons from local vanguards and other new models of care will be shared across the local area including facilitating opportunities for vanguards to come together with other general practice leaders to share experiences.
- Support local general practices that want to become Multispeciality Community Provider (MCPs) through the new MCP contract.
- Set out the funding that local CCGs will ring fence to be allocated to general practice transformation. The GP Forward View commits NHS England to ask CCGs to invest £171 million and STPs should consider topping up this funding to fully release the benefits of transformation.

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## **9. GIVE GP PROVIDERS A PLACE AT THE TABLE**

The shift away from acute care towards primary care that is envisioned in the Five Year Forward View will not happen if STP governance bodies are dominated by the acute sector. Most STPs include a CCG presence but this should not be relied up to bring the perspective of GP providers. CCGs are there in their role as commissioners. To implement the GP Forward View locally, STP governance bodies must have representation from local GP providers.

GP representation is also critical to ensure that the STP has the buy-in of local GPs and is implementable.

The College is appointing 32 Clinical Ambassadors across England. These local GPs will have the backing of their local RCGP Faculty. They will be experienced front line GPs with good relationships with GPs in the local area and knowledge of the GP Forward View. Clinical Ambassadors should be members of STP governance bodies.

**STP governance bodies must include front line GP representation**

STPs should:

- Include the local RCGP Clinical Ambassador on the STP governance body.

- Include other front line GPs on the STP governance body.
- Include a comprehensive stakeholder engagement strategy that explicitly includes engagement with local provider GPs and patient representatives.
- Set out what engagement has taken place already with GPs.

## 10. BUILD IN MONITORING AND EVALUATION

Recent research by the Kings Fund lays some of the blame for underinvestment in general practice over recent years on a lack of data about the growth in the GP workload<sup>14</sup>. Commissioners cannot plan effectively or understand the impact of their decisions unless they understand how GP activity is changing.

STPs must be transparent and accountable to the local area. Local practices, the RCGP Clinical Ambassadors and LMCs will all be looking to hold STP leaders to account for delivering the GP Forward View locally. STPs must set out how they will measure and evaluate their success in delivering their STP.

<sup>1</sup> Primary care. (n.d.). Retrieved June 17, 2016, from <http://www.hscic.gov.uk/primary-care>

<sup>2</sup> Baird, B., Charles, A., Honeyman, M., Maguire, D., & Das, P. (2016, May). Understanding pressures in general practice. Retrieved June 17, 2016, from <http://www.kingsfund.org.uk/publications/pressures-in-general-practice>

<sup>3</sup> General Practice Forward View: RCGP Financial Analysis. (2016, May). Retrieved June 17, 2016, from <http://www.rcgp.org.uk/policy/~media/Files/Policy/General-Practice-Forward-View/RCGP-Financial-analysis-of-General-Practice-Forward-View-2016.ashx>

<sup>4</sup> General Practice Forward View - NHS England. (2016, April). Retrieved June 17, 2016, from <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<sup>5</sup> STP aide-mémoire: Primary care. (2016, May). Retrieved June 17, 2016, from <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-aide-memoire-pc.pdf>

<sup>6</sup> Delivering the Forward View: NHS planning guidance 2016/17 ... (2015, December 22). Retrieved June 17, 2016, from <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

<sup>7</sup> General Practice Forward View: RCGP Financial Analysis. (2016, May). Retrieved June 17, 2016, from <http://www.rcgp.org.uk/policy/~media/Files/Policy/General-Practice-Forward-View/RCGP-Financial-analysis-of-General-Practice-Forward-View-2016.ashx>

<sup>8</sup> BMA: Almost 300 GP practices facing closure and half of GP practices in England report GPs planning to desert the NHS, warns new BMA survey 03/02/2016. (2016, March 02). Retrieved June 21, 2016, from <http://web.bma.org.uk/pressrel.nsf/wall/D2DF84B14A0D9DB780257F6A00583222?OpenDocument>

<sup>9</sup> Baird, B., Charles, A., Honeyman, M., Maguire, D., & Das, P. (2016, May). Understanding pressures in general practice. Retrieved June 17, 2016, from <http://www.kingsfund.org.uk/publications/pressures-in-general-practice>

<sup>10</sup> Kaffash, J. (2016, June 1). GP vacancy rates at highest recorded with one in eight positions unfilled. Retrieved June 21, 2016, from <http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/gp-vacancy-rates-at-highest-recorded-with-one-in-eight-positions-unfilled/20031836.fullarticle>

<sup>11</sup> Hundreds of GPs gearing up to leave, finds survey. (2016, March 02). Retrieved June 28, 2016, from <https://www.bma.org.uk/news/2016/march/hundreds-of-gps-gearing-up-to-leave-finds-survey>

<sup>12</sup> Campbell, D. (2015, April 15). NHS stress: A third of GPs plan to retire in next five years. Retrieved June 28, 2016, from <https://www.theguardian.com/society/2015/apr/15/nhs-stress-third-gps-plan-retire-five-years>

<sup>13</sup> Hobbs, R., Bankhead, C., Mukhtar, T., Stevens, S., Perera-Salazar, R., Holt, T., & Salisbury, C. (2016, April 5). Clinical workload in UK primary care: A retrospective analysis of 100 million consultations in England, 2007–14. Retrieved June 17, 2016, from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00620-6.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00620-6.pdf)

<sup>14</sup> Baird, B., Charles, A., Honeyman, M., Maguire, D., & Das, P. (2016, May). Understanding pressures in general practice. Retrieved June 17, 2016, from <http://www.kingsfund.org.uk/publications/pressures-in-general-practice>